

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000856

FILED
Apr 13, 2007
Secretary of State

Entity Name: REGENESIS MINISTRIES, INC.

Current Principal Place of Business:

13502 TOWN LOOP BLVD.
ORLANDO, FL 32837

New Principal Place of Business:

Current Mailing Address:

13502 TOWN LOOP BLVD.
ORLANDO, FL 32837

New Mailing Address:

FEI Number: 11-3712829

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VALERIAIY, LISA
8 EDINBURGH DRIVE
HAINES CITY, FL 33844 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CHPD () Delete
Name: VALERIAIY, LISA
Address: 401 NORTH LAKESIDE DRIVE
City-St-Zip: SATELLITE BEACH, FL 32937

Title: VCHD () Delete
Name: MAYNARD, PHIL
Address: 13522 FALCON POINTE DRIVE
City-St-Zip: ORLANDO, FL 32837

Title: TD () Delete
Name: BARNES, TOM
Address: 2902 EAGLE LAKE DRIVE
City-St-Zip: ORLANDO, FL 32837

Title: SD () Delete
Name: KIPP, MELODY
Address: 13136 HEATHER MOSS DRIVE, #402
City-St-Zip: ORLANDO, FL 32837

Title: D () Delete
Name: SAMUEL, TOM
Address: 2637 HOFFMAN DRIVE
City-St-Zip: ORLANDO, FL 32837

Title: D () Delete
Name: MOBLEY, LINDA
Address: 5950 PEREGRINE AVE.
City-St-Zip: ORLANDO, FL 32811

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA VALERIAIY

CHPD

04/13/2007

Electronic Signature of Signing Officer or Director

Date